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ABSTRACT

College and university administrators who must make decisions regarding athletic programs and student services need more information on lifestyle choices and health service needs of athletes in major college sports. This study was conducted to identify lifestyle choices and health service needs of athletes in three major sports at a selected university as research indicators for the development of appropriate wellness methods and services. Student athletes (N=101) in tennis, basketball, and football completed the Delaney-Gunn Lifestyle Questionnaire and the Gunn-Delaney Health Services Questionnaire. Results revealed no significant differences between male and female athletes regarding perceptions of their lifestyle as it related to physical, mental/emotional, social, and spiritual health. There appeared to be a significant differences between the perception of social health of tennis and basketball players, with basketball players feeling socially inept and tennis players feeling secure. Only 34% indicated that they considered their spiritual health to always be good. Almost one-half considered alcohol as a necessity at a party and about 10% indicated that drugs should be included at parties. Student athletes reported broad usage of the university's health services. The findings led to recommendations that university athletes be encouraged to participate frequently in counseling services and that there be intensive, required drug education programs. (NB)

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HIGHER EDUCATION WELLNESS METHODS FOR INSTITUTIONAL ATHLETICS: RESEARCH INDICATORS

An experimental study designed to contribute information for future research investigating lifestyle choices of athletes.

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Higher Education Wellness Methods for Institutional Athletics: Research Indicators

Leadership of athletic activities faced diverse and serious problems related to sport during the 1980's. Unethical practices and illegal activities have led to scandals making frequent headlines in the press (Axthelm, P, Foote, D., & Kirsch, 1980; Farrell, 1986; Michener, 1976; Monaghan, 1986; Slaughter, 1986; Williams, Coppola, Bruno, Piggott & Hutchinson, 1985). As University administrators are finding themselves more closely linked to their universities' athletic departments than in the past (Monaghan, 1986), decisions of administrators and athletics alike have become of paramount importance. Reputations of institutions of higher learning as well as individual athletes have increasingly been influenced by individual decisions.

Camp and Epps (1986), Raney and Knapp (1987), and Rhatigan (1984) present compelling pictures of the dual commitments of the student-athlete. The athlete too often finds himself stretched in opposite directions by academic and athletic obligations. Monaghan (1985) reports that this "role conflict" is much more intense in the highly competitive Division I programs. Lanning (1982) identifies four areas of special counseling needs of student-athletes: unique peer group problems, time management and study skills problems, career development problems, and self-concept problems. Weston (1984) identifies other special problem areas of student-athletes: scholastic disabilities, personal development, adjustment, pain, and lack of motivation.

Grant (1988) discusses the major psychological aspects of sports competition to help athletes--and those working with athletes--better understand the uniqueness of the athletic experience. Thirer and others (1987) report that the athletes in their study experienced greater levels of depression than non-athletes. In addition to examining the psychosocial dimensions in which a typical student-athlete functions, Harrison (1981) describes some limiting factors in the athlete's environment.

> Although most students are preoccupied with alienation, academic challenges, and natural immaturity, the impact of these factors on the student athlete is quite distinct. For example, most colleges still tend to segregate their athletes from the general population through separate living facilities and indirectly, through scheduled practice and competition. As they have less time to fully develop interpersonal relationships outside their world, many athletes often feel uncomfortable in more universal situations (p. 114]

Garland (1985) in a 1985 report on Higher Education for the Association for the Study of Higher Education, recommended that student affairs professionals "become experts on students, their expectations, needs, interests, and abilities." Miller (1983) suggests that

"Student services must decentralize, seek out the student, anticipate his needs, and share in his hopes, goals, dreams, and joys." Mable and DeCoster (1981) recommend intensified efforts in needs-based student services for higher education. They contend that systematic collection and analysis of student data should allow more relevant services for all students. Similarly, Andrews and others (1987) contend that advising services can and should be customized according to specific student characteristics and needs.

Statement of the Problem

The problem of this study is the need for increased information regarding lifestyle choices and health service needs of athletes in major sports by higher education administration who must make decisions regarding athletic programs and student services.

Purpose of the Study

The purpose of this study is to identify lifestyle choices and health service needs of athletes in three major sports at a selected University as research indicators for the development of appropriate wellness methods and services.

The specific purpose of the study is to:

1) identify specific lifestyle choices in the four basic areas of health [physical, mental/emotional, social and spiritual]

2) identify the health services utilized by athletes in three major sports: football, basketball, and tennis

3) develop a descriptive profile of football, basketball and tennis athletes on the University level

4) prepare a comparative analysis of the three athletic profiles

5) identify and make recommendations for health service programs and higher education wellness methods for athletes

Research Questions

1. Are healthy lifestyle choices followed due to University expectation and/or rules?
2. Which health services are utilized due to University expectation and/or rules
3. Does the athletes perception of a "healthy lifestyle" coincide with their lifestyle choices?
4. What are health needs of the athletes?
5. What is the athletes perception of the Universities available health services?
6. What are health service needs of the athletes?
7. What are the current trends that relate to the health of University athletes?
8. What are trends in lifestyle choices of athletes?

Delimitations

This study is confined to a self-reported questionnaire regarding lifestyle choices and health services choices of participants, excluding graduating seniors, in three major sports at a selected University.

METHOD

Participants

The data were collected using two instruments distributed to athletes [n=101] participating in a major sport during the 1990-91 academic school year. The first instrument was a questionnaire consisting of a total of 122 questions relating to lifestyle choices and perceived level of health; the second instrument was a questionnaire related to choice of health services and perceived need of health services. Subjects answered the questionnaires collectively in the athletic department at their own pace. There was a disproportionate number of women and men in the study due to the large number of men on the football team, however this appeared to have little effect on the outcome of the lifestyle questionnaire.

Instruments

DELANEY-GUNN LIFESTYLE QUESTIONNAIRE

This questionnaire was designed by the researchers to collect data regarding lifestyle health choices. It is divided into four sections relating to the four basic areas of health: physical, mental-emotional, social, and spiritual health. Each section is subdivided into positive and negative choices and/or health consequences. Several questions are constructed to serve as indicators for risk taking activity.

GUNN-DELANEY HEALTH SERVICES QUESTIONNAIRE

This questionnaire was designed by the researchers to collect data regarding health services choices to include the University, Community and Private Sector. Included were the University Athletic Training services, University Health Center, University Mental Health facilities, Health Education instruction, Community Health services and services available from the private sector. The validity and reliability of these instruments are unknown.

Data Analysis

Data were analyzed using Chi Square and proportion testing using Z scores.

RESULTS

Lifestyle Questionnaire

Two-Way Proportion Tests revealed there was insignificant difference between male and female perception of physical health, mental health, social health and spiritual health. A Chi-Square analysis using two degrees of freedom indicates no significant difference between football, basketball and tennis athletes perception of physical health, mental health or spiritual health. However there was a significant difference between basketball and tennis players on the social health perception at the 5 percent significance level. There was no significant difference in football players on perception of social health.

One-sample proportions results on differences of all subjects ($\underline{n}=101$) Z scores indicated that athletes follow health programs both because they want to and because the University wants them to. However a significant number plan to continue good health practices following graduation (81%). There was also significant difference of athletes' perception of social and spiritual health, indicating that there may be some problems in these areas.

A closer look at spiritual health characteristics using one-sample proportions indicates that results are significant at the one percent significant level in the following areas: praying and meditating; live life so as not to feel guilty; satisfied with moral standards; attend church regularly; same spiritual outlook as their family; rejoice over the mistakes of others; kind and gentle to others, and persevere when the going gets tough. Over 24.4% report they are easily angered, 17% are rude, 25.3% keep a mental record of the wrongs of others and 31% are envious.

A one-sample proportion results on differences at the five percent significance level on social health characteristics that relate to drugs and honesty revealed only 48.5% felt parties should include alcohol, but only 9.9% felt that drugs should be included. A total of 28% reported that they told lies that were bigger than "little white lies," and 20.8% admitted that they had taken things that did not belong to them within the past ten years. Interestingly, 60.4% felt that honesty was important. When asked if they cheat on tests, 29.8% indicated that they did, or about one out of four. It is interesting to note that the national average is about 33%.

Health Services Questionnaire

Athletes indicate the most frequently used athletic training services and facilities were heat treatments (80%) and electronic muscle stimulation (80%). Least utilized were massage (50%). Approximately 73% respondents utilized these facilities because they chose to and 71% because the coach expected them to, indicating an overlap of purpose.

Most frequently utilized services of the University Health Center were physician (60%), nurses (60%) and pharmacy (57.5%). Least used were the infirmary overnight stays (33%).

Over 50% of the athletes utilize three of the University counseling facilities. Most used were the College of Education Counseling services (63%) and the Intercollegiate Athletics Drug Education, Testing and Counseling Program (60.9%). Least used were Psychology Department Counseling (41.5%) and career planning or vocational counseling (48.4%).

Almost one-half of the athletes have enrolled in health education classes for credit (45.8%), and have attended dorm health-related programs (48.3%). Nearly 42% have attended the annual health fair and other university health related lectures and programs.

Questions related to health services outside the university revealed that the medical professionals used by most of the athletes were allopathic physicians (65), dentists (57), and orthopedic specialists (34). Least used were gynecologists (8), obviously due to the low sample of females.

The most used medical facilities were hospitals (53) and least used were genetic counseling (13).

Generally, athletes rated University health services average (54) to above average (28). More rated them inadequate (6) than superior (4). Nine had no opinion.

DISCUSSION AND CONCLUSIONS

There were no significant differences between male and female athletes regarding perceptions of their lifestyle as it relates to physical, mental/emotional, social and spiritual health. However, there appeared to be a significant difference between the perception of social health of tennis and basketball players. There were none between football players. Basketball players felt socially inept and tennis players feel quite secure. Presumably this is related to the difference in socio-economic background of athletes in the two sports. The availability of basketball was broader and players are likely to come from homes and communities where team sports are popular. Tennis requires specialized equipment, and perhaps individual instruction, which is more expensive. Further, tennis matches are more often associated with the elite. Football attracts a blend of players from all walks of life.

The most surprising aspect of this study was the section on spiritual health. Although 34% indicated they considered their spiritual health to always be good, a disturbing 20% rejoice over the mistakes of others and only 17% attend church each week. Only one third indicated that they have the same feelings and beliefs as their family and are satisfied with their moral standards. Although 40% reported there was a lot of love in their life, answers to other questions lead to the assumption that they may be thinking instead about sex. Less than one fourth say they are kind and gentle to others or persevere when the going gets rough. Approximately one fourth indicated that they keep a mental record of the wrongs of others. A large number were not satisfied with their moral standards.

There was broad usage of the University's health services and the general perception is that they are average or above average. Counseling services are popular within the College of Education and also the Intercollegiate Athletic Drug Education, Testing and Counseling Programs. This is important to note as almost one half consider alcohol as a necessity at a party and about ten percent indicated that drugs should be included at parties. The rate of cheating is less than the national norm of about 33%, but unfortunately approaches it.

It is recommended that University athletes be encouraged to participate frequently in counseling services and that there be intensive, required drug educations programs. Moral education should be included in the University curriculum, but more importantly, it should be required at all grade levels beginning with kindergarten. By the time students reach the university, moral values are already deeply ingrained.

Counseling and educational programs that emphasize spiritual wellness, compassion and love for others, and alternatives to drug use should be required of all athletes. Programs should be developed that emphasize developing self-esteem and other social skills. Perhaps even an old-fashioned class in good etiquette might be in order.

The general lifestyle trend of athletes in this study centers around good physical health practices and perceived good mental health. Perception of social and spiritual health is negative and questionnaire results confirm those assumptions. Use of health services were broad, but more extensive use of counseling should be encouraged.

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